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To: Mail Stop ISSUE FEE Commissioner for Patents		FROM: Jon O. Nelson			
COMPANY: U.S. Patent Office		DATE: April 19, 2005			
FAX NUMBER: 703-746-4000		Total No. of Pages:			
RE: Serial No. 10/621,550 Filed: July 17, 2003		Our Reference No.: 04286.00117			
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NAME:	Kathy Rodak	Phone: (312) 463-5549			

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Serial No. 10/621,550 Filed: July 17, 2003

Transmittal Form Fee Transmittal for FY 2005, in duplicate Part B - Fee(s) Transmittal, in duplicate

Attorney Docket No. 04286,00117

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TOANGAITTAI		Application Number	er	10/621,550		
TRANSMITTAL	-	Filing Date		July 17, 200:		
FORM	First Named Inven	itor	Donald E. Gr dshaw			
	!	Art Unit		3727		
(to be used for all correspondence after t	initial filing)	Examiner Name		Sue A. Weaver		
Total Number of Peges in This Submiss		Attorney Docket N	umber	04286.00117		
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Fee Transmittal Form	Drawing(s			After Allows noe Communication to TC		
Fee Attached	-  -			Appeal Cor imunication to Board of Appeals and Interferences		
Amendment / Reply	Petition			Appeal Communication to TC (Appeal Notice, Brief, Repty Brief)		
After Final		o Convert to a lal Application		Proprietary information		
Affidavits/declaration(s)		Attorney, Revocation of Correspondence Add	Ireas	Status Lette r		
Extension of Time Request	Terminal 0	Disclaimer		Other Encl::sure(s) (please idem 'y below):		
Express Abandonment Request	Request fo	for Refund ber of CD(s)		Part B - Fee(s) "ransmittal, in duplicate Certificate of Tr unsmission by Facsimile		
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SIGN	ATURE OF	APPLICANT, ATTOI	RNEY, O	R AGENT		
Firm	Banner & Witcoff, LTD.					
Signature	-long. Nebr					
Printed Name	Jon O. Nels	son				
Dete	April 19, 20	105	Reg. No.	24,566		
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PTO/SB/17 (12-04v2)
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FEE TRANSMITTAL  for FY 2005  Applicant dalims small entity status. See 37 CFR 1.27  Examiner Name  Sue A. Weaver  TOTAL AMOUNT OF PAYMENT  (s) 1015  Art Unit 3727  Altoney Docket No. 04286.00117  METHOD OF PAYMENT (check all that apply)  Check □ Credit Card □ Money Order □ None □ Other (please identify): □  Deposit Account Deposit Account Number: 19-0733  Deposit Account Number: Banner & Nitcoff, LTD.  For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)  □ Charge new (additional feet(s) or underpayments of feet(s)  □ Charge new (additional feet(s) or underpayments of feet(s)  □ Charge new (additional feet(s) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments of feet(s)  □ Charge new (additional feet) or underpayments or feet(s)  □ Charge new (additional feet) or underpayments or feet(s)  □ Charge feet(s) indicated below  □ Charge feet(s) indicated below, accept for thi filling fee  □ Charge feet(s) indicated below, accept for thi filling feet  □ Charge feet(s) indicated below, accept for thi filling feet  □ Charge feet(s) indicated below, accept for thi filling feet  □ Charge feet(s) indicated below, accept for thi filling feet  □ Charge feet(s) indicated below, accept for thi filling feet  □ Charge feet(s) indicated below, accept for thi filling feet  □ Charge feet(s) indicated below, accept for thi filling feet feet feet(s) indicated on this form. Provide teet on this form. Provide teet(s) indicated below, accept for this filling feet feet(s) indicated below, accept for this filling feet feet(s) indicated below and this filling feet feet(s) indicated below accept feet feet(s) fe	Under the Pape	rwork Reduct	ion Act of 1995.	no persona are re	quired to respond to a col	lection of Info	malion unl-as i	e: U.S. DEP RTMENT OF COMMER it displays a valid OMB control numb	
File   Date	Effective on 12/08/2004,  TRADEMIT FEE TRANSMITTAL				Complete If Known				
Pest Named Inventor   Donald E. Godst:aw					Application Number	10/621,5	550		
Piets Named Invanion   Donald E. Godsl: aw	fo	r FY	2005		Filing Date	July 17,	2003		
An Unit   3727   Altomey Docked No.   04286.00117	101112003				First Named Inventor	Donald I	E. Godshaw	<u> </u>	
Attorney Deciat No.   D4286.00117	Applicant claims small entity status. See 37 CFR 1.27			Examiner Name	Sue A. V	Veaver			
Attorney Docket No.   04286.00117	TOTAL AMOUNT OF P	AYMENT	(8) 1015		Art Unit	3727			
Check	TOTAL AMOUNT OF PAYMENT (\$) TU15				Attorney Docket No.	04286.00117			
Deposit Account Deposit Account Number: 19-0733    Deposit Account Name: Banner & Vitcoff, LTD.	METHOD OF PAYME	NT (check a	all that apply)					****	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy)    Charge fee(s) indicated below	☐ Check ☐ Credit C	ard Mo	ney Order	None 🔲 Ot	ther (please identify) :				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apphy)    Charge fee(s) indicated below   Charge fee(s) indicated below, sxcept for this filling fee   Charge any additional fee(s) or underpayments of fee(s)   Credit any overpayments	Deposit Account D	eposit Accou	nt Number: 19	-0733	Deposit Account	Name: Ba	inner & Vi	tcoff, LTD.	
Charge any additional fee(s) or underpayments of fee(s)  Under 37 CFR 1.16 and 1.17  WARNING: information on this form may become public. Gradit card information abouted not be included on this form. Pro-lide credit card information and authorization on PTO-2038.  FEE CALCULATION  1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES SMall Entity Application Type Fee (\$)	For the above-	dentified dep	osit account, t	he Director Is he					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Pro-lide credit card information and authorization on PTO-2038.   FEE CALCULATION	⊠ Charge :	lee(s) indicat	ed below		Charge 1	fee(s) indica	ted below, axo	ept for the filing fee	
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Reissue 300 150 500 250 600 300	Design	200	100	100	50	130	65	<u> </u>	
Provisional 200 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Plant	200	100	300	150	160	80		
2. EXCESS CLAIM FEES  Fee Description  Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Each independent claims over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$) Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computable in the specification thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof.  Fee Paid (\$)  Sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Number of each additional 50 or fraction thereof  Fee \$\frac{1}{2}\$ aid (\$\frac{1}{2}\$)  Fee Paid (\$\frac{1}{2}\$)	Reissuc	300	150	500	250	600	300		
Each claim over 20 (including Reissues)  Each claim over 3 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computar listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each add tional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof.  Fee Faid (\$)  Fee Faid (\$)  Fee Faid (\$)  Total Sheets  Number of each additional 50 or fraction thereof.  Fee Faid (\$)  Fees Faid (\$)	Provisional	200	100	0	0	0	0	<u> </u>	
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Each claim over 20 (including Reissues)  Each independent claim over 3 (including Reissues)  Multiple dependent claims  Total Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  HP = highest number of total claims paid for, if greater than 20.  Indep. Claims  Extra Claims  Fee(\$)  Fee Paid (\$)  - 3 or HP = x = HP = highest number of independent claims paid for, if greater than 3.  APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computar listings under 37 CFR 1.52(c)), the application size fee due is \$250 (\$125 for small entity) for each add tional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets  Extra Sheets  Number of each additional 50 or fraction thereof. Fee: \$1 Fee P: id (\$)  Local Sheets  Fees F aid (\$)  Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filling surcharge): Issue Fee; Publication Fee; Advance Copies  50  10  10  Mutiple Depen tent Claims  Mutiple Depen tent Claims  Fee Paid (\$)  Short Sheets  Fee Paid (\$)  Fees Faid (\$)							Fee (\$)		
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If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each add tional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s),  Total Sheets	3 or HP		x						
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Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): Issue Fee; Publication Fee; Advance Copies \$700; \$: 00; \$15	4. OTHER FEE(S)	4 ATTENDED							
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SUBMITTED BY				
Signature	Jon O. Nalon	Registration No. (Altomoy/Agunt) 24,566	Tels shone	312.463.5000
Nama (Print/Type)	Jon O. Nelson		Date	April 19, 2005

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